DRAFT "Health for All Kansans" Steering Committee: Prioritizing Initiatives Document

Type of Policy	Tier One: General Consensus Initiatives	Tier Two: Building Toward Consensus Initiatives	Tier Three: Data Lacking or Limited Consensus
Agency Capacity for Reform			
	Complete Agency Staffing. Commensurate with adding additional responsibilities, the KHPA needs to complete its staffing in order to meet its statutory mission. This includes adding 42 new staff to the agency, with an additional number of staff added to the Eligibility Clearinghouse (both agency and contract staff). ***FY 07 Request:*** ***SGF: 530,594 $ 1,308,570*** **----------** ***FY 08 Request:*** ***SGF: $812,648 All Funds: $2,014,348***		
		Need for Economic Impact Analysis for Coverage Expansion. A rigorous economic analysis is necessary to understand how different health policy proposals affect coverage changes (in public programs, employer sponsored insurance, directly purchased insurance, and the uninsured) as well as spending by payer (State government, federal government, families, employers). This information is critical in helping to determine which proposals are most feasible in Kansas in the 2008 legislative session. Two foundations, one national and one Kansas-based, have expressed interest in funding such an analysis.	
Improving Access to Health Care			
	Medicaid and SCHIP/HealthWave Sustainability. Increase staffing at the KHPA due to federal citizenship verification reforms that have resulted in a decrease of 18,000 to 20,000 in our Medicaid and S-CHIP/HealthWave caseloads.		

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	SGF: $563,316 All Funds:$1.188 M		
	Medicaid Outreach and Enrollment. **Description:** Expand the marketing of programs available to the public in order to educate Kansans about the Healthwave program and health and wellness through: (1) designing an online application and screening tool for potential beneficiaries, (2) developing and implementing a targeting marketing campaign and (3) employing additional outreach workers. ***SGF: $336,247 All Funds: $ 822,112***		
		Health Kansas Zero to Five. Increase access to health care for pregnant mothers and children ages birth to five by expanding the Medicaid and SCHIP programs to cover these populations up to 300% FPL. ***SGF: $4M All Funds: $10M***	
		Consider DRA Flexibilities. The DRA allows moving waiver services into the Medicaid state plan, designing benchmark benefit packages with more cost sharing, and exploring innovate reform models through Medicaid Transformation Grants. ***Need cost estimate; goal to bring in federal dollars.***	
		Premium Assistance. Some states are moving toward a premium assistance model which is meant to encourage low-income families' participation in private health insurance coverage, shore-up the private coverage market and prevent crowd-out, and achieve cost savings by bringing in employer contributions to	

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		help offset costs. Premium assistance programs use federal and state Medicaid and/or SCHIP funds to subsidize the purchase of private health insurance. They may also utilize employer or enrollee contributions to help pay premium costs. Some premium assistance models provide "wrap-around" coverage to the employer sponsored plan. Premium assistance models could be developed in tandem with a Health Insurance Exchange model. ***Need cost estimate; goal to bring in federal dollars.***	
			Intensive health insurance outreach to Hispanic population. Over seventeen percent (42,500) of uninsured Kansans are Hispanic and research suggests that a number of factors contribute to this situation. In addition to being disproportionately low-income, the Hispanic population nationally has less familiarity with the concept of health insurance and is distrustful of its utility. An intensive outreach campaign outlining the importance of health insurance in improving access to health care coupled with other policy initiatives could reduce the number of uninsured Hispanic Kansans. ***Need cost estimate; goal to bring in federal dollars.***
			Individual mandate. Require that all individuals carry health insurance (such as the law that passed in Massachusetts). Employers can either be required to provide a "modest employer assessment" of a specific amount (such as $400) per

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			worker per year such as in Massachusetts. Or, employers can be required to "pay or play" – requiring employers to either offer health insurance coverage to their employees or to pay a specific amount (usually a percent of payroll) to help subsidize those who don't have employer sponsored coverage. Should Kansas wish to achieve universal coverage, an individual mandate should be considered and analyzed.
Improving Quality of Care			
	Health Information Technology/Exchange (HIT/HIE). Building on the work of the Health Care Cost Containment Commission and the KHPA staff, the state should establish an Implementation Center for HIE in Kansas through a public/private entity as a single coordination point for Kansas HIE efforts. ***SGF: $750,000 All Funds: $1 M***		
	Transparency. Promote Transparency for Kansas Consumers and Purchasers through a two phased approach that collects data currently available in one convenient location (through KHPA and State libraries), and then adds health care pricing and quality data (as determined by the Data Consortium – made up of providers, consumers, and purchasers). This kind of information will also help to reduce utilization of care that is not evidence based or is of questionable quality, which can serve to reduce overall health care costs. ***SGF: $425,682 All Funds: $543,790***		

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	Data Driven Policy. Promote Data Driven Policy through the funding of a Data Analytic Interface. This will allow the State to utilize the best data and evidence to inform policy choices that have the greatest potential to have a sustainable impact on reducing health care costs. ***SGF: $385,076 All Funds: $1,383,943***		
		Extension of Community Health Record Pilot Project Statewide. The KHPA currently has a pilot program for a community health record (CHR) for Medicaid managed care providers in Sedgwick (SG) County. The CHR is built on administrative claims data and provides clinicians electronic access to claimed medical visits, procedures, diagnoses, medications, immunizations and lead screening data. We are currently working to enable the transfer of lab results to the CHR. The CHR also has an ePrescribing component that provides a drug interaction and contraindication tool, along with formulary information for the prescriber along with the capability to submit prescriptions electronically to pharmacies. We could expand the CHR concept statewide through a competitive bidding process. ***Need cost estimate; goal to bring in federal dollars.***	
Increasing Affordability and Sustainability			
	Expand insurance to young adults through their parent policies. Extending the age of dependency could cover more young adults in the state. Change the age from 23 to 25 and mandate that private insurers also provide coverage to dependent. ***Need cost data***		

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		Health Insurance Exchange. Create a health insurance exchange or connector that would serve as a clearinghouse to facilitate the pooling and purchasing of health insurance could facilitate access to health insurance products by small employers and individuals. ***Need cost data***	
		Reinsurance. Analyze the potential for reinsurance, in partnership with Commissioner Praeger and the Business Health Committee. Using a reinsurance mechanism similar to that of Healthy New York, premium volatility in the small group market can be reduced. The increased predictability in premium trends and lower costs could significantly expand coverage to small employers and sole proprietors. State subsidies for reinsurance could also work to reduce premiums and increase insurance coverage in the individual and small group market. ***Need cost data***	
		Expand access through SEHBP buy-ins. Currently a limited number of school districts and municipalities are participating in the SEHBP buy-in program. Review the qualifications and underwriting criteria for the existing buy-in option for non-state public employees to encourage additional participation by schools and municipalities or small businesses. A rigorous analysis is needed of the State Employee Health plan to determine ways in which to ensure affordable health insurance may be offered. ***Need cost data.***	

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		No-interest loans to small businesses to start group coverage. Allow small businesses to apply for no-interest loans through the Department of Commerce that would help pay the start-up costs of establishing group health insurance coverage. This proposal would give businesses an opportunity to pool resources and create a larger pool for group coverage and therefore increase their purchasing power. ***SGF: $1 M***	
		Strengthen existing small business initiatives. Currently a small employer tax credit and the Business Health Policy Committee provide underutilized mechanisms capable of improving access to health insurance for a population of over 75,000 uninsured working adults in Kansas. The tax credit has underperformed due to continued administrative complexity, lack of public visibility, and its temporary nature. The Business Health Policy Committee developed a benefit package, secured bids on that package, and proposed a pilot subsidy project for low-wage workers in Sedgwick county but implementation was halted due to lack of FY 2007 funding. This initiative taken statewide has great potential to reach a large segment of uninsured Kansans. ***Need cost data***	
			Promoting a "Buyer's Group" for health insurance. Kansas could create a Buyers Health Care Group similar to the Minnesota plan which is one of the best-known employer health care purchasing coalitions in the country. The goal of a Buyers Health Care Group is to spur

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			employers, health care providers, government leaders, insurers and consumers to think about and purchase health care services differently. Employers in the BHCAG coalition combine their purchasing power and work closely with health care providers and administrators to create a health care delivery method that provides access to quality, cost-effective care for employees and their families. ***Need cost data.***
		Implement the subsidized Business Health Policy Committee's Small Employer Health Insurance Program. Employers who have not offered health insurance for two years would have access to an administratively simple and comprehensive health insurance plan available through the Business Health Partnership with subsidies available for employees with family incomes below 200% FPL. ***Need cost data***	
Improving Health and Wellness			
	Health and Wellness in the Medicaid and S-CHIP/HealthWave. KHPA has explored additional health and wellness initiatives for Medicaid beneficiaries as outlined by the submitted FY 2008 budget, including paying for weight management physician visits, integrating Medicaid immunization records with KDHE, and a request for funding to study and implement health promotion programs for Medicaid beneficiaries. ***SGF: $589,986 All Funds: $1,474,965***		

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	Early Detection. Expand screening for newborns from our current level of four tests to twenty-nine. This effort represents a true and meaningful step in the direction of early diagnosis and early intervention that will pay immeasurable benefits in future years. ***Need cost data***		
		Comprehensive Tobacco Cessation. Support a comprehensive tobacco prevention program for Kansas. Beginning April 2008, an additional 15 to 16 million dollars may be available to Kansas from the Master Tobacco Settlement Agreement. Use those funds to develop a comprehensive program based on the successful model authored by the Center for Disease Control and commit to a ten year program.	
			Move to a wellness payment incentive model. Measure the health and wellness outcomes of physicians with Medicaid PCCM panels. Provide cash bonuses for improving the health status of patients assigned to the PCCM. Provide incentives (technology payments, special training, infrastructure grants) to physicians or practices that demonstrate high quality care.
			Developing Additional Pilot Programs. Consider other pilot projects in a phased deployment of promising reform solutions in poor health status areas of the state. Assuming that the introduction of new methods and interventions may be somewhat complicated, results could be

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			monitored more easily and adjustments provided more quickly in a phased setting without potentially large-scale disruption.
Plan for Improving Stewardship			
	Add an Inspector General for the Medicaid Program: In order to ensure the financial and administrative integrity of the Kansas Medicaid Program, create an office of the IG, appointed by the KHPA Board and reporting to the Executive Director of the KHPA. The IG will focus on eliminating waste, fraud, and abuse in coordination with the Attorney General's office. ***Need cost data***		

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